

Application or Docket Number

A33723 1070050

CLAIMS AS FILED - PART (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			62		Colu	11112)	[RATE	FEE	OR		
						NUMBER EVER					RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			66 minus 20=		• 46			X\$ 9=	414	OR	X\$18=	. ,
INDEPENDENT CLAIMS			6 minus 3 =		3			X40=	120	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	135	OR	+270=	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2	L	TOTAL	1024	OR	TOTAL	
	C			'		•	OTHER	THAN				
	and the commence of the commen	(Column 1)	(Colur			(Column 3)	_	SMALL	ENTITY	OR	SMALL	YTITME
4		CLAIMS REMAINING		HIGH NUM		- PŘĚSENT	[ADDI-			ADDI-
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***		T CL AIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		А	DDIT. FEE			ADDIT. FEE						
	0	(Column 1) CLAIMS		(Colu		(Column 3)			ADDI	1 [4001
ΕΩ		REMAINING AFTER		NUM PREVI	IBER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
EN	III I Allial III Aragenci ne sprin skot i neskocini	AMENDMENT	and an interpretal	Į.	FOR	EXTRA			FEE		11/41/2	FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS		HIGH				γ	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ree
	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						-	A4U=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									_ ,	OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		ber Previously Pai					r four	nd in the apr	ropriate box	cin col	umn 1	